

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026939

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. 4519 Registrar's No. 63

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hollister		c. CITY OR TOWN Hollister	
Length of stay in 1b 6 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Home		d. STREET ADDRESS (If outside, give location) Box 263	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EZRA FRANKLIN BLEVINS			4. DATE OF DEATH July 5, 1963		
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/5/1883	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 1 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY Carpenter		
11. BIRTHPLACE (City and state or country) Searcy, Ark.			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Henniger Blevins			13b. MOTHER'S MAIDEN NAME Hester Jane Blevins		
14. NAME OF HUSBAND OR WIFE Carnelia Blevins			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		
16. SOCIAL SECURITY NO. [redacted]			17. INFORMANT Mrs Carnelia Blevins Hollister, Mo		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension Essential		4m
DUE TO (c) Generalized arteriosclerosis		4m
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female - was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Smithville, Ark	
21. I attended the deceased from July 3 - 63 to July 5/63 and last saw him alive on July 5/63 Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. C. Branson, M.D.		22b. ADDRESS Branson, Mo.	22c. DATE SIGNED 7-7-63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/5/63	23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery	23d. LOCATION (City, town, or county) (State) Smithville, Ark
24. FUNERAL DIRECTOR Walter Cobb Branson, Mo		25. DATE RECD. BY LOCAL REG. 7-9-63	26. REGISTRAR'S SIGNATURE Debra Engle

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 1060
2 1060
3
4 0
5 1
6
7 1
8 0
9 331X
10
11
12 90-0
13 1-0

JUL 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cobb

Licensed Embalmer No.

4731

P. O. Address

Breanham Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.